

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/904,409
	Filing Date	July 12, 2001
	First Named Inventor	Joseph A. Schrader
	Group Art Unit	2426
	Confirmation Number	1963
<input type="checkbox"/> Sent via Express Mail Label No.:	Examiner Name	Mushfikh I. Alam
	Attorney Docket Number	164052.03

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply (pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> <b>Notice of Appeal</b> <input type="checkbox"/> <input type="checkbox"/>
<p><u>CERTIFICATE OF MAILING OR TRANSMISSION</u>  <u>(Under 37 CFR § 1.8(a))</u></p> <p>I hereby certify that this correspondence is being  electronically deposited with the USPTO via  EFS-Web on the date shown below:</p> <p><u>10/21/2010</u>                      <u>/Jeffrey R. Sadlowski/</u>  Date                                      Signature  <u>Jeffrey R. Sadlowski</u>  Printed Name</p>		Remarks <input type="checkbox"/>

SIGNATURE OF ATTORNEY OR AGENT					
Signature	/Jeffrey R. Sadlowski/		Reg. No.	47,914	
Name of Attorney or Agent			Jeffrey R. Sadlowski		
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